CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 2.a. NAME OF C	ANDIDATE OR COMMITTEE					
10-25-2010 Jo						
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE					
	Nox 2nd 2010					
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City						
1671	State Zip Code Phone					
4534 MFCALL Rd Red 4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)	BANK TM 37415 8750123					
Street or Rural Route City	State Zip Code Phone					
SAME						
OFFICE SOUGHT (include district number, if applicable)	6. NAME OF POLITICAL TREASURER (may be candidate)					
AT LARGE - Red BANK	JOE GLASSCOCK					
7. CATEGORY OR REPORT (Check one)						
FIRST SECOND THIRD FOURTH	PRE- PRE- MID-YEAR YEAR-END					
QUARTER QUARTER QUARTER	PRIMARY GENERAL SUPPLEMENTAL SUPPLEMENTAL					
8.a. BEGINNING DATE OF REPORTING PERIOD	8.b. ENDING DATE OF REPORTING PERIOD					
9-15-2010	10-25-2016					
9. (Check one)						
 a. This campaign is exempt from detailed disclosure because tures total \$1,000 or less for this reporting period. (Complete Street Stre	se contributions (including in-kind) received total \$1,000 or less AND expendi- plete items 12d., 12e. and 12f.)					
and/or expenditures total more than \$1,000 for this repor	osure because contributions (including in-kind) received total more than \$1,000 ting period.					
	:					
10. I/we do solemnly swear or affirm that the information contained	d in this campaign financial disclosure report is true and that this report is an es required to be reported by the candidate committee by the Campaign					
Financial Disclosure Act. Additionally, I/we swear or affirm that	no campaign contributions have been expended for the personal financial					
benefit of the candidate or for any other nonpolitical purpose as	defined by the federal internal revenue code.					
signature of candidate date	(signature of political treasurer date					
LJOO GLASSCOCK						
11. WITNESS SIGNATURE	DOE GLASSCOCK					
2 :0 11 00 0	1 1 1 1 1 1 1					
Dellie H. Herror 10-25-	2010 Delle H Dlaurch 10-25-20					
signature of witness date	signature of witness date					
12. SUMMARY						
a. BALANCE ON HAND LAST REPORT	\$ <u>-0-</u>					
b. TOTAL RECEIPTS THIS PERIOD	s					
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ 1,066					
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)						
(.E.o. pido 12.0.)	\$					
e. TOTAL LOANS OUTSTANDING	67 1711 1117 s <u>~0~</u>					
f. TOTAL OBLIGATIONS OUTSTANDING						
NO!!	2777					
100 NO	I TILLY I I SEE					



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD							
	FROM: 9-15-10 TO: 10-25-10							
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)								
a. Unitemized Contributions (\$100 or less from each source this period)\$\$								
b. Itemized Contributions (over \$100 from each source this period)	\$							
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$							
16. LOANS RECEIVED THIS REPORTING PERIOD	\$							
17. INTEREST RECEIVED THIS REPORTING PERIOD\$								
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$							
DISBURSEMENTS								
19. EXPENDITURES (other than loan payments)								
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.	.g., printing, postage, gasoline)							
LETTER PRINTING \$	85 (IN WHOLE DOLLARS)							
Envelope " \$ 39	Docums							
POSTAGE (INCL SEALING) \$ 58	'9							
Business (CHAPAICN) CARds \$ 3	00							
\$								
\$								
\$								
\$								
\$								
Total of Expenditures (\$100 or less each payee)	\$							
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 1,366							
	c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)\$							
20. LOAN REPAYMENTS MADE THIS PERIOD	s							
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ <u>1,366</u>							
22.IN-KIND CONTRIBUTIONS								
a. Unitemized in-kind contributions (\$100 or less from each source this period)\$								
b. Itemized in-kind contributions (over \$100 from each source this period)\$								
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)\$								
23. OBLIGATIONS								
a. Unitemized Obligations Outstanding (\$100 or less each)	\$							
b. Itemized Obligations Outstanding (Over \$100 each)\$\$								
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)\$								

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	RING THE PERIOD						
JOE C-LASSCOCK FROM G-15-10					TO: 10-25-0		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	Amount						
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)							
First Name	Middle Nan		Contribution Received For:		Amount of Contribution		
Last Name/Organization Name	Last Name/Organization Name			Primary Election General Election			
CILASSCOCK				1,366			
Address 4534 MISCALIL Rd			Runoff (Local Elections Only)		*		
City Red BANK	Red BANK State Zip Code		Date of Contribution		Aggregate This Election		
Occupation			9-15-00				
Employer A // A			(10-25-10)	1,366		
MA							
First Name	Middle Nar	ne	Contribution Received For:		Amount of Contribution		
Last Name/Organization Name			☐ Primary Election ☐ General Election				
Address			Runoff (Local Election				
City	State	Zip Code	Date of Contribution		Aggregate This Election		
Occupation							
Employer							
First Name	Middle Name		Contribution Received For:		Amount of Contribution		
Last Name/Organization Name		☐ Primary Election ☐ General Election					
Address		Runoff (Local Elections Only)					
City	State	Zip Code	Date of Contribution		Aggregate This Election		
Occupation	Occupation						
Employer							
First Name	Middle Name		Contribution Received For:		Amount of Contribution		
Last Name/Organization Name		☐ Primary Election ☐ General Election					
Address		Runoff (Local Elections Only)					
			Li Rulloli (Local Election	s Only)			
City	State	Zip Code	Date of Contribution	s Only)	Aggregate This Election		
City Occupation	State	Zip Code		s Only)	Aggregate This Election		
	State	Zip Code		s Only)	Aggregate This Election		
Occupation	State	Zip Code		s Only)	Aggregate This Election		
Occupation	of this form ar	e used.)		s Only)	Aggregate This Election		

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVER						
	TO: 10-25-10 Amount						
TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)							
First Name	Middle Na		Purpose of Expenditure	to any payee during the per	Amount of Expenditure		
Last Name/Business Name	K				SS STATE OF EXPENDITURE		
CF. L. ASSCOCK			ENVELOPE	5	392		
Address 4534 MECA	34 MECALU Rd		ENVERS ENVERS POSTAGE CARDS, CAMPAIGN		392 589 300		
City Park	State Zip Code						
First Name	Middle Na	1374N	Durnoss of Evnanditure	the state of the s			
	Iviidule Iva	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
				No. of the latest and			
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle Name		Purpose of Expenditure	The second secon	Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)							